UNIFORM HAZARDOUS

Generator's Phone: (509)372-1826

7. Transporter 2 Company Name

6. Transporter 1 Company Name MP ENVIRONMENTAL SERVICES

8 Designated Facility Name and Site Address CWMNN , TNC

17629 CEDAR SPRINGS LANE

and Packing Group (if any))

WASTE MANIFEST

RICHLAND

ARLINGTON

Facility's Phone:

HM

Please print or type. (Form designed for use on elite (12-pitch) typewriter.	Please print or	type. (Form	designed f	or use on elite	(12-pitch)	typewriter.)
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1. Generator ID Number

OR 97812

(541)454-2643

Form Approved. OMB No. 2050-0039 4. Manifest Tracking Number 3. Emergency Response Phone WA7890008967 (888) 766-0771 Generator's Site Address (if different than mailing address)
US DOE IN CARE OF CH2M HILL PLATEAU REMEDIATION CO 5 Generator's Name and Mailing Address
US DOE IN CARE OF CH2M HILL PLATEAU REMEDIATION CO PO BOX 1600 ATTN: WFMP UHWM RTN MS:T4-04 2355 STEVENS DRIVE RICHLAND WA 99354 U.S. EPA ID Number CATO0624247 U.S. EPA ID Number U.S. EPA ID Number ORD089452353 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12 Unit 13. Waste Codes Quantity Wt./Vol. No. Туре

œ	RQ	1,NA2212, ASBESTUS, 9, PG III, (FRIABLE ASBESTOS)	1	СМ	30	Y	X004		
GENERATOR							Section for the Contract Section Secti	an reserve consumer a financia c	erenenen emmeter vera
ij		2.		-		<u> </u>			
Ö							Mindle and discounted to make made a gase also be a function		
		3.			***************************************		_		
	ONGHANAMAN			ALL PROPERTY OF THE PROPERTY O			man mannaman managan a	a pro-establishmente	
							N. Carrier and Car	v _e gyptites and installed	
		4.							
							***************************************	american com America	***************************************
	14.88	ecial Handling Instructions and Additional Information RN TO GENERATOR IF UNABLE TO DELIVER				1		av.	
-	夏 納	DR297708; FRIABLE ASBESTOS BUILDING DEBRIS W/ASN-4 FORM EF	G 171 (RQ	= 1LB)			38	100	ノ
	TOTAL	L GROSS WEIGHT: 3085Kg ORANGE PANELS NA2212 DISF	LAYED TO	C JAMES	MCGROGAN	509-5	54-9963		H-LUCANA, TAN
	15. G	ENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully							
***************************************	marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.								·
	Same and the same	certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator), ators/Offeror's Printed/Typed Name ON BEHALF OF DOE/RL Signafure,	or (b) (if I am a sm	all quantity ge	nerator) is true.		Month	Day 🛊	Year
			Ume∆ f	144	Jugar	· ·	109	124	12
M	16. Inte	ernational Shipments Import to U.S. Export from U.S.	Port of e	ntry/exit:	\mathcal{A}	***************************************	······································		
		porter signature (for exports only):	Date leav	ing U.S.:	CONTROL .			COLUMN TO A COLUMN	-
Ĭ		nsporter Acknowledgment of Receipt of Materials orter 1 Printed/Typed Name Signature	manus remarkament with incompanion	******************************	NVE-NAME TO A STATE OF THE STAT	NISTA ELPANATION AA ANNA AEIN	Month	Day	Year
300	Ń	Richard CRAUSE In	1	C.			100	14	12
TRANSPORTER	Transp	orter 2 Printed/Typed Name Signature					Month	Day	Year
	18 Die	crepancy		nner manner meneral	NOME DESCRIPTION OF THE PERSON	***************************************			
1		icorgnancy Indication Space	Преди	THE PROOFESSION AND AND AND AND AND AND AND AND AND AN	[]nn.	·			
The state of the s		Quantity Type	Residue		Partial Re	jection	L	Full Rejecti	ION I
>-	195 A	ternate Facility (or Generator)	Manifest Referenc	e Number:	U.S. EPA ID	Number		***************************************	
늘	I DD: M	ierriate radiity (di Gerierator)			0.3, EFAID	Nutitibet			
F		's Phone:	,						-
GNATED FACILITY	18c. Si	gnature of Alternate Facility (or Generator)					Month	Day	Year
GNA	10 Ha	9. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
DESI	1.	2. 3.	scycing ayatemay		4.			- n	
ı		1152.							
	Townson way	signated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest exc Typed Name Signature	ept as noted in Ite	m\18a/	1/	**************************************	Month	Davs	Year
		2000130 401VIN	M /th	7X	V		ı a	1921	121
_ Y			AVAX GNATED F/	MIL	Δ				

ASN'4

ASBESTOS WASTE SHIPMENT REPORT FORM



PLEASE PRINT OR TYPE! If you have questions, contact your local DEQ Regional Office in Gresham at (503) 667-8414 x 55018, Salem at (503) 378-5086, Medford at (541) 776-6010 ext. 235, or Bend at (541) 388-6146 ext. 226, Pendleton (541) 278-4626, OR call (800) 452-4011 for the location of your local regional DEQ office.

ASTE GENERATOR: (Contractor, Facility, or Asbestos removal site name and address:	U.S. Department of Energy	c/o Plateau Remediation Contrac	(
O Box 1600	Richland WA	Benton	99,352
Street	City/State	County	Zip
Contact person: Jeff Westcott		Phone: 509-942-8905	
Operator's name and address: Plateau R	emediation Contract	Phone: 509-942-8905	
D Box 1600 MISN	Richland WA	Benton	99,352
Street	City/State	County	Zip
Waste disposal site: Chemical Waste Ma	nagement of the North West	Phone: 541-454-3220	
7629 Ceder Springs Lane	Arlington OR	Gilliam	97812
Street	City/State	County	Zip
Describe asbestos materials: Wetted dou	bled bagged, friable asbestos PSI	NRQ Asbestos 9, NA2212 PC	SIII
Containers: Number: RO/		Type: Piping insulation	
Total quantity (cubic yards): 36-30	4m9-26-12	TYV Remains and a second and a	
7. OPERATOR'S CERTIFICATION	Tim McGrosson/Miss	on Support Alliance	fully and accurately
described above by proper shipping	g name and are classified, packag	ed, marked and labeled, and a	are in all respects in
proper condition for transport acco	rding to all government regulation	ns. All movement of this asb	estos-containing
material is recorded on this Waste	Shipment Record Form.		-
Name: Brad Purvis		Company: Plateau Remed	liation Contract
Signature: Mak		01241.	
Signature.		Date:	
ANSPORTER(S):			
Transporter #1: (Acknowledgment of receip	et of materials)		· · · · · · · · · · · · · · · · · · ·
Agent: Jahd Cu		pany: Mp Eac	reomante
Address 3879 Hwy	30 The Dulles	Phone: 541-980	reomante 1-04th
Signature:		Date:	
Transporter #2: (Acknowledgment of receip	t of materials)		
Agent:		pany:	
Address:		Phone:	
A STATE OF THE PROPERTY OF THE			
Signature:		Date:	nern Olari (pil privil poli desla miseo desla Microsola succesi escuentes esc
POSAL: (Certification of receipt of asbestos a	materials covered by this manifest ex	cent as noted in item 11 helow)
Waste Disposal Site: Chamical	Control of the Contro		WEST
Name and Title: Dawer		Date: OS	-24-11
Signature: L. L. L. C.		Phone: 54/.	-980-047
DISCREPANCY SPACE: (Add attachm	ents as needed)		